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Montana Journal

Association for Health, Physical Education,
Recreation and Dance

Fall/Winter 1992

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George Cross and Mavis Lorenz Receive Special Recognition At This Year's MAHPERD Convention

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Montana Journal of Health, Physical Education, Recreation and Dance

Fall/Winter 1992

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Clarence "Gene" Burns

Assistant Editor
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MONTANA JOURNAL
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RECREATION AND
DANCE

MAHPERD

Fall/Winter 1992

Montana Association for Health, Physical Education, Recreation and Dance

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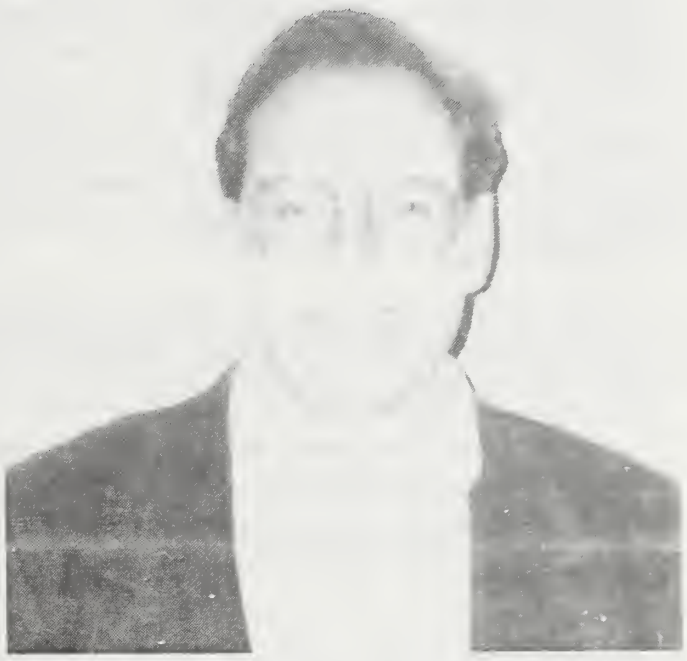
MAHPERD Business

From the Editor...



With relief and remorse, I offer this edition of the *Montana Journal for Health, Physical Education, Recreation and Dance* as my last effort as your editor. At the business meeting following the conference, I announced my resignation. My rationale is simple. Life is dynamic, not static. I believe I have nurtured the journal as far as I am capable. It is time for some fresh ideas and creativity.

Based on presidential appointment, Dan Graetzer will become the new journal editor. Dan is a faculty member in the Health and Human Performance Department at The University of Montana. To Dan, who follows my successes and failures, good luck and happy editing.

I would like to thank Sharon Dinkel Uhlig (past president) who appointed me to the position of editor more than four years ago. I would also like to thank the various Executive Board members who have served since my first edition. I have received tremendous support from all. Most of all, thanks to the membership of MAHPERD for making my experience as editor worthwhile. Without your ideas, contributions, and input, the Montana Journal would not have matured as I believe it has done. I encourage all MAHPERD members to support the efforts of the incoming editor and assist him in continuing to improve our association's journal.

A very special note of gratitude to Stacia Graham. Stacia has served as assistant editor for the duration of my tenure as editor. Stacia's expertise has been invaluable. Many times during the process of putting the journal together, I think I was the assistant and Stacia was the boss. Thank you Stacia.

To all who assisted in organizing a successful conference, "a job well done." The feedback on this year's meeting has been fantastic. Congratulations to all award winners, particularly George Cross and Mavis Lorenz who received special recognition from the association.

I intended to include a number of conference photos in this journal, but of the three rolls of film I shot, only a handful came out clear; my camera was malfunctioning. For this apologize as many award winners will not be recognized via photo presentation.

With a little sadness in my heart, I sign off. Sincerely,

Clarence "Gene" Burns
MAHPERD Editor

President's Message

Congratulations to Kay Van Norman and Pam Carter for an excellent convention program. I will remember "turn to your neighbor and share three things about..." for many years. Thanks to so many professionals for sharing their expertise and ideas! The teachers from my building have already started sharing dance routines presented during the dance session and the social with each other. The opportunity to renew friendships and share ideas, concerns, and plans for the future of our profession is what makes the convention experience so valuable.

There was one significant change in the operating code that was approved at our post convention board meeting: the responsibility for the management of the convention was shifted from the President to the President-elect. Shirley Weaver and the Great Falls staff have agreed to take on the organizing task. Therefore, the 1993 convention will be in Great Falls.

We would like to thank Gene Burns, Journal Editor/Membership Chairman, for several years of service on MAHPERD's behalf. We wish him well and know he will continue to make significant contributions to the association.

I look forward to serving as MAHPERD president and if you're in need of the association's support or service, get in touch with your nearest board member and we'll see what can be done.

Enjoy the 1992-1993 school and we'll see you in Great Falls in the Fall of 1993!

Dale Rumph
MAHPERD President

ADVERTISING RATES

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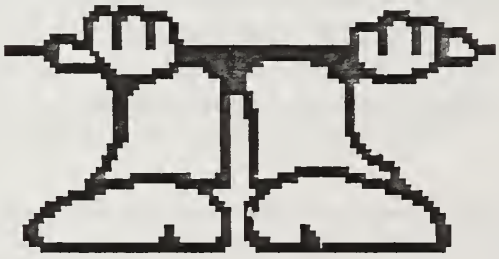

Share your ideas in the next issue!!

From the Past President

Dear MAHPERD Members,

The dust has finally begun to settle after the conference and I am almost caught up in my regular job responsibilities. I just wanted to let each of you know that I have really appreciated the opportunity to serve as president of MAHPERD this past year. It has been a tremendous learning experience for me and has deepened my commitment to the MAHPERD organization. As a member for the past 10 years or so I have always appreciated the yearly conference as an opportunity to gain some new ideas and to make contact with others in our profession. However, this past year I have really gained an understanding of the importance of not only providing a good quality conference that serves the membership but also having a strong organization that is working year round to benefit us all as professionals. During the past year I have received numerous requests from around the state to write letters in support of HPERD programs that are being scrutinized for cutbacks. In these restricted economic times it has become increasingly important for us all to get involved in promoting our Health Enhancement curricula as being essential to a basic quality education. We cannot wait until the axe begins to fall to line up our supporters and make a strong case for the importance of Health Enhancement to the students of Montana.

I want to make you aware of several things that I think are positive steps forward for the MAHPERD organization in terms of trying to help its membership accomplish the task of effectively promoting the importance of Health Enhancement programs.

Once step was initiated by Dave Oberly and involves supporting a workshop for university educators from each institution to let them know what is involved in the state-mandated Health Enhancement Guidelines. This will help facilitate the changes that need to be happening at the university level in order to provide the appropriate updated curricula for new Health Enhancement educators. The students that graduate from our university system shouldn't be "surprised" by the guidelines, they should be educated in how best to make them work for our profession and for the kids.

Another step was the MAHPERD board's decision to have the president-elect be responsible for planning the yearly conference in order to allow the president the time to become more involved in being a spokesperson for the MAHPERD members. Our president-elect Shirley Weaver has accepted this challenge as has our current president Dale Rumph. I encourage each of you to take the time to let Dale know what is happening around the state in regard to funding for your programs and also what good things you are doing in your program (blow your own horn a little!). The more he is made aware of, the better he will be able to represent the MAHPERD membership.

Another step involves the development of a "promotional packet" (for lack of a better term) that can be used to help you mobilize support for your programs locally and for the Health Enhancement curriculum statewide. Some of you may not be aware that there is a move at the state level to develop a definition of what a "basic quality education" involves. Now is the time to make a strong case for the importance of Health Enhancement to the children of Montana so that our curriculum is included as an essential element of a basic quality education in the state of Montana. If we fail now to make a stand and convince the State Board of Public Education that our curriculum is as essential as math, science, and english (not an "extra"), then we will all be assured of larger and more frequent cuts into our program budgets. The good news is that we ***can*** make a case for the importance of Health Enhancement programming! We hear it everyday in the news, the Center for Disease Control, the American Heart Association, etc...they all are documenting what we have been saying for years, "A healthy lifestyle involving regular physical activity significantly improves the quality of life...throughout a lifetime." We have a curriculum in place that covers all the bases and we have the expertise to fulfill the objectives, now we have to mobilize support for ***adequate funding*** that will allow us to meet the objectives. I believe that this support has to come from parents and students. If each one of us as professionals wrote letters to the State Board of Public Education speaking of the importance of our programs it would show a commitment to our profession. But if each one of you were to mobilize at least five parents to write letters of support to the State Board of Public Education (238 MAHPERD members x [a minimum of 5 letters of support] = 1190 letters received by the State Board of Public Education). I guarantee that this would make them stand up and take notice. It would illustrate to them that the parents of Montana expect Health Enhancement to be an essential part of their children's education, not an extra provided only to well funded districts. I belive that 5 parent supporters should be a very attainable goal for each one of us and that many of you will be able to mobilize a great deal more support than that. The key is to take the first step and JUST DO IT!

In an attempt to help those of you who may be unsure what first step to take, during the next several months I am committed to working on a promotional packet that would include information concerning the Center for Disease Control's Health Objectives 2000 report and other documentation supporting the importance of health enhancement programs samples, letters, etc., that can be used to help mobilize parents and students, visual materials that can be utilized in helping you promote your programs locally, and a sort of plan of action that we can all follow to mobilize ongoing support for our programs at the local and state levels.

Pam Carter has volunteered to help with this project and I would welcome and encourage anyone else who is interested in helping to develop this packet to contact me. It would be especially beneficial to have several public school educators to help with its development. Please contact me at the following address: Kay Van Norman, Dept. of Health & Human Development, Montana State University, Bozeman, MT 59717.

As part of this project MAHPERD is also acquiring a set of promotional and program materials from the national AAHPERD office. These materials will include the Physical Best Educational Kit for Grades K-6 and 6-12, and materials from the *Feeling Good* publications for Ages 5-8, 9-12, and 12-15. All of these materials will be available to MAHPERD members on a "loan or checkout" basis. This will give you an opportunity to see for yourself what these publications

have to offer and determine if you want to order a set or partial set for your program. All materials will be checked out on a first-come-first-served basis with a 2-3 week time limit depending on the demand. Please send inquiries about these materials to: Kay Van Norman, Dept. of Health & Human Development, Montana State University, Bozeman, MT 59717.

If any of you have suggestions of other steps MAHPERD can take to help promote your Health Enhancement programs please contact me or any of the board members. I look forward to working with all of you to help make MAHPERD work for us.

Sincerely,
Kay Van Norman

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Great Ideas?
Suggestions?
Comments?

Share them!!!

MESSAGE FROM THE STATE SUPERVISOR

Spencer Sartorius

MAHPERD members should be aware of two important things taking place in K-12 education this year: the Montana Youth Risk Behavior Survey and the continuing Health Enhancement curriculum and evaluation effort.

First, the Montana Youth Risk Behavior Survey (YRBS) will be administered to participating schools this March. The YRBS will be given to students in Grades 7-12 in participating schools at no cost. In early October, information was sent to all superintendents asking if they wished to participate or not. In 1991, over 130 schools and over 13,000 Montana students participated.

The YRBS is designed to measure the health-related risk behaviors of youth in six major categories: intentional and unintentional injuries, drug and alcohol use, tobacco use, physical activity, dietary patterns and sexual behaviors. The YRBS has given us the first look at baseline state data which indicates the relative risk behavior of our youth. Since it will be given every other year (odd numbered years) at no expense to the local district, we will be able to track the behaviors of youth (and the effect of programs) over a long period of time.

Please make sure that your superintendent responded to the survey either as "yes" we wish to participate or "no" we can't. You might even try to encourage your superintendent to participate if there is reluctance. This will provide you with some great information! He/She has all the information including the survey instrument, rationale for each question, supporting organizations and administration information. I would like to have 20,000 kids involved!

The second item is Health Enhancement curriculum development and assessment. The current Montana Accreditation Standards require that schools review their Health Enhancement curriculum (health and physical education) sometime between 1991 and the year 2000. The year after their curriculum review, they must initiate a process of both program and student assessment. The Office of Public Instruction has developed materials which will help in both efforts. Currently, three assessment pieces are in place and a fourth will be available soon. Many schools have already started or completed their Health Enhancement curriculum development and are ready to initiate their assessment program.

Schools that develop their Health Enhancement curriculum should look at the "model learner outcomes" identified in the Accreditation Standards. These learner outcomes provide the guidelines for a comprehensive Health Enhancement curriculum and are provided at the primary, intermediate and high school levels.

If you have questions concerning the YRBS or Health Enhancement requirements, please write or call me at OPI, 444-4434. I can send materials or give you the names of schools that have already completed curriculum revision. Remember, these are ***requirements*** of the new State Accreditation Standards. All school administrators have a copy of the Standard and it may be beneficial to have a look.

Greetings from JRFH

American Heart Association

JUMP™ ROPE FOR HEART

American Alliance for health, physical education, recreation and dance

And thank you for all your dedication and work! Our 1992 net income was $109,368 with 77 JRFH events. The top dollar per capita with Donnita Johnson as Coordinator was Colstrip All-City. Seven students raised $1,046 with an average of $149.50 per student. Four Georgians Elementary in Helena was the top dollar school with Jeri Domme as coordinator; these students raised $9,814.00.

In 1992-1993, we have a net income goal of $147,000 with 105 events at an average of $1,400 per event.

We have designed a prize structure to help each event. For an early registration incentive, a tape of jump rope music is given. At the completion of an event, the current educational packet "Racing with the Wind" will be given to the event site, and after all money is collected and sent to the Montana Heart Affiliate, a $5,000 event will receive $200 for equipment from Sportime and a $3,000 event will receive $100 for equipment from Sportime.

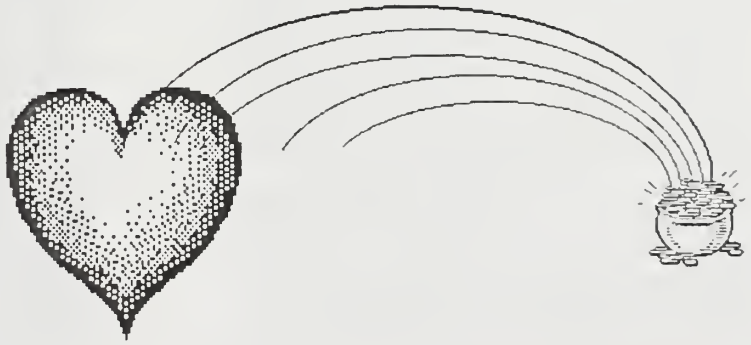
We are hoping coordinators will encourage students to ask for a donation and, therefore, only visit each contributor once.

Please keep us informed about what we can do to help you with an event. Tell us about the acceptance of the prizes by both the school and the students. We do need your input.

As some of you are contemplating whether to have an event this year, think about a 14-year-old boy who thanked us for not getting tired as he does. This underdeveloped, blue-lipped boy told us of being born without all the correct connections between his heart and lungs. He is alive today because of all the money we collectively raise for research. He said he is still not through with surgery as the exact procedure has not yet been found. He asked us not to get tired or stop as that would mean he would also stop.

So please continue with all the good you are doing; not only for him, but for your students as well.

Thank you again,
Jeri Domme
Your JRFH Coordinator



MAHPERD Articles

PERFORMANCE-ENHANCING DRUGS AND DRUG TESTING IN SPORTS

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Clarence E. Burns

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The University of Montana

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Dr. Burns is an associate professor in the Health & Human Performance Department at UM. His teaching focuses on sport and exercise studies with a special interest in ethics.

The abuse of performance-enhancing drugs is a common, serious problem in scholastic, collegiate, Olympic, and professional sports today. Following the well publicized cases of Ben Johnson and Lyle Alzado, the abuse of illegal, unethical and dangerous drugs in sports is documented to be at epidemic proportions (Buckley et al., 1988; Windsor & Dumitru, 1989). A decade ago, ergogenic aids were only being abused by elite athletes — where the slightest advantage can mean the difference between winning and losing. Today youth as early as junior high are abusing anabolic steroids, human growth hormone, and other medical prescription drugs. Governing bodies of amateur athletics such as the National Collegiate Athletic Association (NCAA, 1992) and United States Olympic Committee (USOC, 1992) have established strict penalties for testing positive for banned drugs but it has not always effectively reduced drug usage. Some sports administrators, coaches, and teachers have reduced drug abuse in their student-athletes by focusing on drug education and explaining how the physiological actions of these drugs can have serious short- and long-term consequences. Following are commonly asked questions and answers regarding performance enhancing drugs and drug testing in sports.

Anabolic steroids came into prominence in the early 1950s to treat patients who had muscle-degenerating disease (Bromze, Cox & Miles, 1991). Because steroids are derivatives of the male sex hormone, testosterone, elderly bedridden men who took them were soon up chasing their nurses around the hospital. Steroids build structural proteins and retain nitrogen within muscle cells resulting in an increase in body weight and strength. While some studies have shown that steroids can improve strength, serious short- and long-term heath problems have consistently been noted (American College

of Sports Medicine, 1987; Lamb, 1984). The major risks of steroid abuse include: liver cancer, kidney failure, decreases in HDL-C (the "good" cholesterol), stunting of bone growth, and tendon damage due to inappropriate muscle size. Evidence that injected steroids may be safer than oral pills because they bypass the liver has led to the additional problems of needle usage. Additional adverse side effects in males include: ulcers, nausea, hypertension, abnormal breast tissue development, sleep disturbances, baldness, and nose bleeding. Sterility has also been noted because when high levels of testosterone are taken in from an outside source, the body will quit producing its own, resulting in low sperm counts. Females experience many of these same conditions in addition to menstrual irregularities due to changes in water retention, deepening of the voice, and facial hair growth. Many of these adverse conditions are minor and reversible. Severe psychological disturbances such as aggressive and irrational behavior, manic-depression, and even psychoses may also result from anabolic steroid use. The potential for addiction to steroids grows as athletes experience the reported muscular hypertrophy and increase in strength. Since a discontinuation of steroid usage eventually causes the body to return to normal size, users are reluctant to stop use and give up the physical stature they have acquired with steroids.

Human Growth Hormone

Human growth hormone (HGH) has become easily available in recent years due to progress in recombinant DNA technology (Cowart, 1988). Because the secretion rate of HGH correlates highly with height and strength increase in children, HGH has been exploited by some football oriented parents who want their children to increase height and muscular development. HGH acts similarly to steroids by promoting cellular uptake of amino acids and protein synthesis. The normal secretion of HGH is controlled by growth hormone released factor which can be stimulated by a variety of prescription medication. Extremely dangerous side effects such as giantism and severe metabolic and endocrine disorders are possible with abnormaly high HGH levels. Use of HGH for performance enhancing purposes is strictly prohibited and a highly accurate urine immunoassay has recently been developed that detects HGH above normal production in the body.

Blood Doping

Blood doping or "red blood cell packing" came into public view during the 1976 Montreal Olympics when a little known Scandinavian runner came out of nowhere to dominate the endurance events. His team physicians later published reports on how to increase the concentration of hemoglobin in the blood, thus allowing more oxygen to be transported to the exercising muscles. The procedure involves withdrawing about 2 pints of whole blood, reinjecting the plasma, and then storing (freezing) the red blood cells until the body's hemoglobin levels equilibrate back to normal (Jones & Pedoe, 1989; Eichner, 1987). Reinfusing the red blood cells prior to competition will elevate the athlete's hemoglobin level and presumably increase the oxygen-carrying capacity of the blood. Blood doping which tainted the triumphs of the 1984 United States Olympic bicyclists, is banned by all sports governing bodies and has dangerous side-effects. Three U.S. cyclists developed flu-like symptoms 36 hours after their transfusions, leading a few courageous athletes to blow the whistle on their coaches (Rostaign & Sullivan, 1985).

Some athletes have recently been caught taking erythropoietin (EPO) — a hormone naturally produced by the kidney to stimulate red blood cell production by the bone marrow. With modern molecular

biological techniques, EPO can be produced synthetically and it's used extensively in hospitals to alleviate anemia in patients with end-stage renal disease. EPO abuse can cause extreme hypertension, dangerously rapid increases in blood volume and blood viscosity, and moving blood clots in the circulation that can lead to heart attacks.

A prominent sports physician best denounced the practice of blood doping and erythropoietin abuse by stating, "Blood is a drug." Procedures for collection, storage, and testing of blood for transfusions are carefully regulated by the Food and Drug Administration (FDA). Bacterial contamination leading to AIDS and other diseases while blood doping is quite possible and may prove fatal."

Caffeine

Caffeine is a nervous system stimulant that is absorbed rapidly and reaches peak concentration in the blood about 60 minutes after ingestion. Moderate consumption of caffeine mobilizes free fatty acids from the adipose tissue into the bloodstream. Exercising muscle cells will burn more fat when it is readily available and thus preserve the body's stores of carbohydrates (glycogen). Because sustaining aerobic exercise is very dependent upon stores of muscle glycogen, utilizing more free fatty acids will theoretically "spare" carbohydrate reserves and prolong an athlete's "time to exhaustion" during endurance events (Powers & Dodd, 1985). Caffeine intake is restricted, but not totally banned, by both the USOC and NCAA. Urine concentrations of caffeine up to 12 mcg/ml are permitted by the USOC and up to 15 mcg/ml are permitted by the NCAA. About 500 mg of caffeine ingested within one hour would approximate this level in a normal adult male. Athletes should be aware of "hidden" sources of caffeine such as herbal teas, soft drinks, chocolate, and aspirin. Caffeine ingestion, however, may not enhance performance as much as previously thought. Seven of eleven recent, well-controlled (double blind), scientific studies have found that caffeine provides no benefit other than the simple placebo effect. A placebo improves performance through the power of suggestion (if an athlete really believes it will work, it will). Incidentally, this placebo effect has also been demonstrated experimentally when subjects were given sugar tablets, told they were dianabol (an anabolic steroid), and later displayed dramatic increases in strength. What has been consistently shown is that high levels of caffeine can cause headaches, nervous irritability, insomnia, and abnormal heart beats and may lead to addiction and withdrawal symptoms (Jacobson & Kulling, 1989).

Asthma Medications and Beta-Blockers

Questions regarding types and doses of asthma medications are important because asthma and exercise induced asthma affects about 12% of the population. Bronchodilators are first line agents that treat asthma by stimulating sympathetic nerve tissue in the airways. Many anti-asthma medicines such as theophylline and cromolyn are not banned. The NCAA places no restrictions on the medical use of bronchodilators for asthma treatment in student athletes while the USOC has banned some inhalant forms of beta-2 agonists.

Beta-blockers are prescribed by physicians to treat heart disease, lower blood pressure, and reduce excessive pressure to the eyes (glaucoma). Some athletes have these conditions and are required to report medical use of this drug which is otherwise banned. Because beta-blockers decrease heart rate and tremors, some athletes have illegally taken them in an attempt to steady their trigger finger during shooting events (i.e., assist in shooting between heart beats).

Drug Policies and Penalties Imposed by the Governing Bodies of Olympic and Collegiate Sports

The International Olympic Committee has taken steps to control drug abuse in sports by banning: (1) any foreign substance taken into the body; (2) any physiological substance taken in abnormal quantities; and, (3) anything taken by an abnormal route of entry into the body with the purpose of gaining an "artificial and unfair" advantage. The USOC drug testing program began in 1985 (although drug testing started in the 1968 Olympics) while the NCAA initiated year-round testing for anabolic steroids and masking agents in 1990. Schools are free to conduct additional drug tests on their student-athletes and almost half of all NCAA schools are now conducting their own testing. A complete list of banned and limited-use categories is readily available to all athletes and it is the responsibility of the individual to know which drugs are illegal (Gall, Duda, Field & Rogers, 1988). A student-athlete who tests positive for using a banned substance is declared ineligible by the NCAA for all regular and post-season competitions for a minimum of one calendar year. To regain eligibility, the student-athlete must test negative and have his eligibility restored by the strict NCAA eligibility committee. Once restored to eligibility, the student-athlete is subject o more severe penalties should he/she again test positive for drugs. Presently, the USOC mandates a two-year suspension for athletes who test positive and a life ban for a repeated offense.

Testing of Athletes

The NCAA drug testing program is based on: (1) informed consent, (2) chain-of-custody handling of specimens, and (3) state-of-the-art laboratory testing (NCAA, 1992; USOC, 192). Under continual observation, the athlete selects two coded bottles for a urine sample. At this time, he/she declares all medication(s) taken recently and provides a urine sample (dividing it into Bottle A and Bottle B). A witness of the athlete's same gender observes the entire urination and bottling/sealing process. After the athlete signs a statement that all procedures have been followed, the split urine sample follows a strict chain-of-custody protocol throughout delivery to and testing at an official NCAA/USOC testing laboratory. If Specimen A tests positive for a banned substance, Specimen B is analyzed. If Specimen B needs to be analyzed, the athlete or a surrogate representative is often present to check the code number and seal on the bottle.

Athletes are tested randomly and in USOC and NCAA established events, usually the first, second, and third place medalists will be tested along with indiscriminately selected athletes from the remaining field. Selected athletes are notified immediately after their event is completed, asked to report to their testing station within an hour, and are continuously observed from the time they are notified of the test until they provide a urine specimen.

It costs approximately $200 per athlete to test a urine sample and the NCAA will probably spend over $4 million testing athletes during the 1992-1993 academic year. Athletes must sign an annual consent form indicating their understanding of, and compliance with, NCAA rules.

Ridding the Body of a Banned Substance

How long it takes to rid the body of a banned substance depends on the substance taken, the dosage, whether the drug was taken orally or injected, and individual body composition and metabolism (Catlin, 1987). Generally speaking, fat-soluble, injectable anabolic steroids have a detection period of 6-8 months while water-soluble, oral anabolic steroids can be de-

tected for 3-6 weeks. The accuracy and sensitivity of drug testing has been greatly enhanced during recent years with the advancements in chromatography and immunoassay technology.

Masking Agents Taken to "Cover Up" Banned Substances

It was first discovered in the 1987 Pan-American Games that some athletes had attempted to reduce the concentration of steroids in the urine by using diuretics. Diuretics flush excess water from the body which can dangerously dehydrate an athlete and cause a large, inappropriate loss of body weight. Diuretics also promote a hazardous shift in important body electrolytes such as sodium and potassium which can lead to muscle cramps and abnormal heart beats. Many governing bodies have recently stated that if an athlete's urine is too dilute (does not have the proper pH) he/she will be detained until a satisfactory urine sample is given. Because modern laboratory tests are now extremely sensitive to diuretics, some athletes have gone as far as to inject someone else's urine into their bladder to beat drug testing.

Illegal Distribution of Performance-Enhancing Drugs

In America, anabolic steroids are legally available by medical prescription only but this varies in other countries. A recent change in the law makes even possession of steroids a federal crime with penalties of up to one year in prison and a $100,000 fine. The first U.S. physician convicted of steroid trafficking under the 1988 drug abuse act is George Zahorian, M.D., of Pennsylvania (see *Fitness Management*, January 1991, p. 20). He faces a maximum of 44 years in prison and a $3 million fine (pending appeal) for selling 49,700 tablets and 8,800 intravenous doses but only writing prescriptions for 700 tablets and 532 doses. Publishing physicians' names who are convicted of selling steroids has reduced this practice somewhat. However, this has forced a majority of users to obtain drugs through the "black market," causing athletes to end up with steroids manufactured for veterinary use (Coward, 1988). This is extremely alarming considering the ease of obtaining "recreational drugs" and the fact that children as early as grade school age have access to this market.

In conclusion, athletes at all levels need to be educated that although performance-enhancing drugs may make you stronger, the dangerous side-effects of abusing performance enhancing drugs dramatically outweigh their potential benefits. Educating athletes that abusing performance-enhancing drugs is illegal, unethical, and can dangerously alter their body's normal physiology may help to alleviate this growing social problem.

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APPRAISAL OR EVALUATION: ARE WE TESTING OUR GOALS AND OBJECTIVES?

A.W. Miller

The University of Montana

Dr. A.W. Miller is an associate professor in the Department of Health & Human Performance at The University of Montana. Dr. Miller teaches classes in teacher pedagogy and measurement within physical education.

Each fall, most elementary and middle school physical education teachers begin the school year by measuring fitness using the President's Physical Fitness Test or the Health Related Fitness Test from AAHPERD. Each spring most of the same physical education teachers use the same test again to measure the students' physical fitness or health related fitness levels. What has transpired in between these tests during the school year is rarely documented and recorded, however, and physical education teachers should not be surprised at the spring test results if their yearly fitness approach is not well planned or if it is then not systematically instituted.

Improvement of physical fitness test scores or health related test scores is a goal of all physical educators. All teachers want to be able to demonstrate that their teaching or program or both leads one to an increased level of fitness or a healthier lifestyle. This can usually be measured by a pre-and post yearly fitness test and a comparison of the two scores. What is the purpose of the scores however? Are the scores an appraisal of the fitness level of the student or are they an evaluation of the teaching or program? Or is there a different between the two purposes? Before one answers these two questions a careful look at some common and general physical education principles are necessary.

Common Fitness Principles

Three undergraduate physical education principles need mention here. The first principle is from motor learning and states that in order to get better at something, such as a motor skill or improvement of one's fitness level, one must physically practice. A simple concept and a straight forward result. Practice and some theoretical knowledge will provide a foundation for improvement. If one wants to get better, one must practice. This does not need to be a formal team practice or an organized supervised practice. It just means skill attempts must be realized and, even better, successful skill attempts.

The second principle is from physiology and states that one must practice the exact or most closely related activities as possible to get better at the activity. This means to become better at batting a baseball, one should practice batting. Weight training and lead bat swinging are complimentary activities that are beneficial, but nothing substitutes batting for the art of batting. This is commonly called specificity or specificity of execution. One must do the action in order to get better at that action.

The third principle is also from physiology and it states that to improve fitness one must practice at regular intervals, with a certain degree of intensity, and for a particular period of time. Thus, the acronym FIT

or frequency, intensity, and time. The American Medical Association and the College of Sports Medicine are two primary leaders of this scientific literature.

Fitness Test Items

The components of performance related physical fitness are pile-ups, sit-ups, the mile run, the shuttle run, and the standing broad jump. The components of healthier related fitness are the pileups, sit-ups, the mile run, lower back/hamstring flexibility, and a skin caliper measurement which relates to percentage body fat. Some of these fitness components overlap and are contained in both tests. If teachers want to demonstrate an improvement in test scores from the beginning of the year and the end of the school year, the three principles mentioned above must be put into practice.

To improve fitness levels or the components of fitness a teacher must first practice the components and, seconds practice specificity in relation to the components with some additional overlap and, third, do such practice on a regular basis and with a certain amount of intensity and for a specific amount of time. In clearer terms it means to practice pileups on a regular basis in order to improve the number of pileups one wants to do for the test. It means to practice sit-ups on a regular basis in order to improve on the number of sit-ups. And it means to practice the mile run or running in order to improve cardiovascular conditioning.

What can be done?

It may seem like a simple solution to a somewhat simple problem, but how many teachers can practice these skills on a regular basis? Some classes only meet once or twice a week and the class period is usually only 25-35 minutes long; can any improvement be expected? There are some solutions that should be explored that can at least help physical education teachers attempt to improve fitness scores. The first is to try to build vigorous activity into every physical education lesson when possible. This means to choose games, relays, and manipulative activities, that involve a fairly high degree of physical activity. This activity can come in the form of muscle strength, muscle endurance, and cardiorespiratory endurance. A high degree of participation is also important although participation can exist without vigorous activity and activity is the more crucial of the two, with both being a happy combination.

A second possible solution is to build fitness into the daily lesson plan. This means to ensure the presence of fitness development, build it into the lesson plan for 5 or 7 minutes, regardless of the lesson focus. It may not be possible to work on all the components each day, but a teacher can focus on two or three each lesson and put the total pieces to the puzzle together over the longer period. If the lesson focus is low in activity profile, then fitness can be covered by the specific part of the lesson. Darer and Pangrazi (1992) state there should be four parts to a physical education lesson when possible and the parts should include an introduction, fitness development, the lesson focus, and the closing activity. Teachers must choose their activities carefully and also try and build some formal fitness into the lesson plan.

If teachers want to see an improvement in fitness test scores over the school year they must build it into the curriculum. One cannot expect improvement unless this concept is followed. Minor changes may be due to maturation or normal growth and development and/or outside influences. An increase in the focus on fitness throughout the school year should increase the probability that the end of the year fitness test measures the improvement due to the regular program or that it is an evaluation of the program as well as the child. Don't let it

become an appraisal of their fitness level and just a test for the sake of a written score. Let it be an evaluation of their fitness and your program.

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Everybody Sells

"We are all salesmen. We must sell something in order to live....You are selling your brands, your health, your vitality, your strength; you are selling your ingenuity, your resourcefulness, your originality, your initiative, your courage; you are selling your executive ability in some way.

Some of us sell ourselves too dearly; others too cheaply. Many of us fail to keep ourselves sold a large part of the time. The quality of our goods is not the best and so it is often returned, undesired.

There are many things you are selling that, perhaps, you do not realize. Have you ever stopped to think that you are selling your appearance, your dress, your bearing, your manners, your conversation, your optimism, your mental attitude toward life, toward your work, and toward others? You are selling your thoughts, selling your heredity, all that you have inherited, all of your advantages, all of your experiences, everything that has gone before. The quality of the merchandise you offer and the price you desire will indicate the sort of character material you have manufactured or accumulated."

—Orison Swett Marden, May 1919

NEWS/DATE/ANNOUNCEMENTS

HIV/AIDS Regional Training Program

The Office of Public Instruction's (OPI) HIV/AIDS Regional Training Program is designed to provide Montana administrators, educators, and auxiliary school staff with factual, up-to-date information regarding HIV and AIDS issues in Montana schools.

The HIV/AIDS education training program is in its fourth year of existence and consists of 23 Montana educators located in regional areas throughout the state. The trainers provide training workshops, five to six hours in length, that focus on the philosophy and rationale of HIV/AIDS education within Health Enhancement; technical aspects of HIV as disease; teaching strategies applied to HIV/AIDS education; classroom activities to involve students in decision-making skills, risk-behavior identifications, refusal skills, and critical thinking skills; human sexuality issues; policy and human rights information, and related community and educational resources.

Participant benefits of attending the trainings include the educational and policy making components, eligibility to receive five certification renewal units, and reimbursement from OPI for two substitute fees if an administrator or school board member accompanies two district educators. The OPI HIV/AIDS Education Program has provided all Montana school libraries with OPI-developed K-12 HIV/AIDS educational materials including curricula and policy information, health enhancement materials, and resource information.

For more information regarding the OPI HIV/AIDS Regional Training Program or for training locations in your area, please contact the HIV/AIDS Education Program at 444-1964.

"UNITED WESTERN LEADERSHIP"
Historic Northwest/Southwest District Convention Set

February 3-6, 1993 marks an historical event of the American Alliance as the Northwest and Southwest districts convene the first Joint District Convention. Eleven western states will meet in the Reno-Sparks, Nevada area along with the Nevada Association.

The Reno-Sparks area was selected for ease of accessibility and attractively priced hotels and meals. The convention headquarters is the John Ascuaga's Nugget. A record breaking attendance is expected in the "Biggest Little City in the World." Initial projections for attendance, exhibitors and presentations have already be surpassed. Professionals and pre-professionals will not want to miss this exciting historical convention!!

Interested persons can contact either Jerry Ballew or Sandie Mount, Co-Convention Managers at: 702-784-4041, University of Nevada at Reno, PERD Department 274, Lombardi Recreation Building, Reno, Nevada 89557-0036

PEPI Award Winners

Left to right: Nancy Colton, Gene Burns, Gail Snyder, Peter Leroy, Peggy Chapuis, Mike Fisher (missing: Carolyn LaComb)

MAHPERD MEMBERS RECOGNIZED

- *Middle School Teacher of the Year* — Bruce Colton, Bozeman
- *Health Educator of the Year* — Pam Carter, MSU
- *Above and Beyond: Meritorious Leadership & Pursuit of Excellence* — Joel Meier, UM
- *Wellness Award* — George Cross and Mavis Lorenz, UM Emeritus
- *Honor Award* — Alex McNeill, MSU

CONGRATULATIONS TO ALL!!!

Fred Stetson Remembered ...

Frederick A. Stetson, 58, died of cardiac arrest July 20 at his Missoula home.

He was born June 12, 1934, at Jersey City, NJ, to Frederick and Florence Stetson. Raised and educated at Bayonne, NJ, he received a master's degree in education from Purdue University.

Mr. Stetson served in the U.S. Air Force as a survival instructor at Stead Air Force Base in Reno, Nevada.

In 1962 he began teaching and coaching swimming at the University of Montana. Under his directions the UM men's swim team won the Big Sky Conference for 10 consecutive years. At the time of his death, Mr. Stetson was an associate professor.

He also coached the Missoula Age Group Swim Team for many years; they won the state championship 10 years. Mr. Stetson often presented swim and pool seminars nationally and was the owner of Custom Pools.

Active in community service, he was the recipient of the Red Cross Service Award, the Ed Chinske Coaching Award and the NCAA Master Coach Award. He was a member of the National Swimming Pool Foundation Advisory Board, the NCAA Swimming Rules Committee and the National Swimming Pool Institute.

(Editor's Note: The preceding is an edited version of Fred's obituary printed in the Missoulian, July 26, 1992.)

Project Inspiration

Project Inspiration, a program established by NASPE, gives teachers, students and others in the profession the opportunity to express their gratitude to those individuals who were influential in their professional success. In your honor, a certificate is awarded to the individual which serves as a lasting momento that they had a positive impact in shaping your life.

Names of the honorees and nominators are recorded in a permanent register on display in the NASPE office.

To nominate that special individual, please contact Project Inspiration, NASPE, 1900 Association Drive, Reston, VA 22091. A fee of $25.00 is required for each nomination.

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American Association for Leisure and Recreation (AALR): Promotes school, community and national programs of leisure services and recreation education.

National Association for Sport and Physical Education (NASPE): Provides national leadership and influences physical education and sports policies in programs for teachers, coaches, athletic administrators, athletic trainers, intramural directors and scholars at all educational levels.

National Association for Girls and Women in Sport (NAGWS): Fosters quality and equality in sports for girls and women. Serves those who teach, coach, train and administer all sports (including club sports and intramurals) at elementary, secondary and college levels.

Association for the Advancement of Health Education (AAHE):
Preserves and improves health through education. Promotes both the process of health education and specific health education programs.

Association for Research, Administration, Professional Councils, and Societies (ARAPCS): Coordinates activities of the following special interest groups:
- *Adapted Physical Activities*
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National Dance Association (NDA)
Promotes sound policies for dance education, through conferences, conventions, special projects, publication and cooperation with other dance and performing arts groups.

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In addition to Update, AAHPERD's newsletter, an automatic benefit of membership, members may elect to receive:
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Manuscripts must be typed on $8^1/_2$" by 11" white 25% bond paper and submitted in triplicate. Authors should adhere to the guidelines provided in the *Publication Manual of the American Psychological Association, 3rd Ed.*, (APA). Copies of this manual are found in most college and university libraries. Recommended length for manuscripts is 5-8 typed pages. However, one- or two-page manuscripts about such things as teaching or coaching points would be very appropriate, especially if a diagram or drawing were included. Manuscripts must be double-spaced including all block quotations, field notes, references, and tables. Tables, figures, and graphs must be clearly labeled and included on separate pages.

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